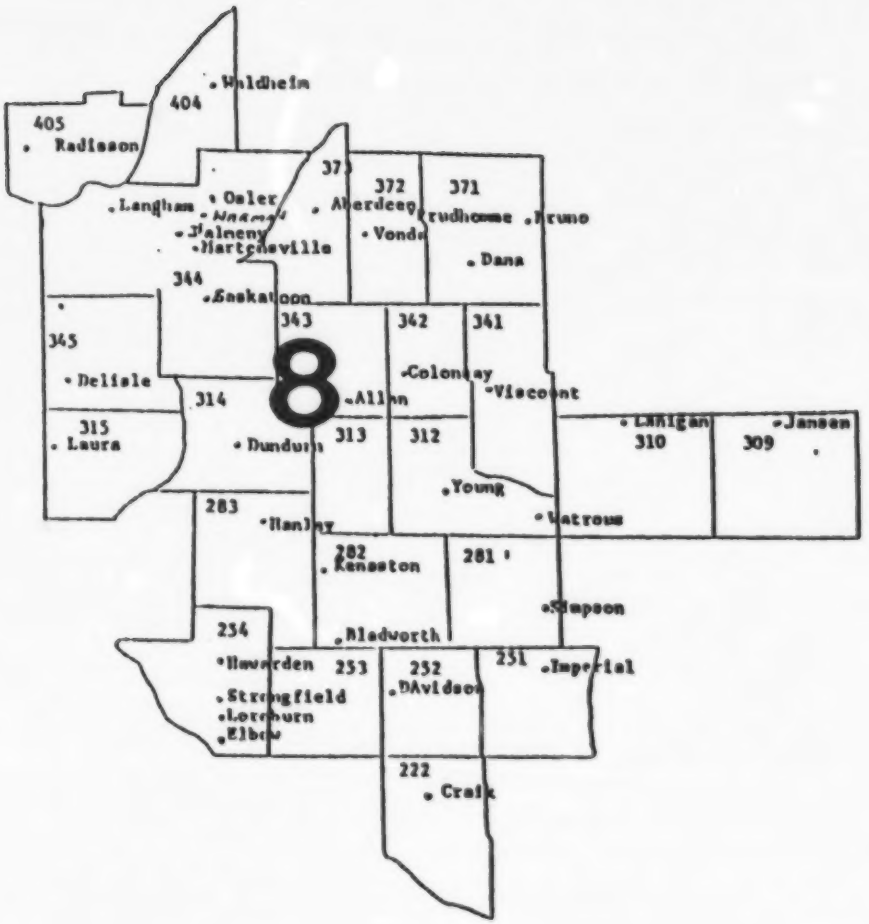
Saskatchewan
Health

1987-88

ANNUAL REPORT



SASKATOON RURAL HEALTH REGION

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DIRECTOR OF SUPPORT SERVICES' REPORT

Lloyd Onishenko

Since assuming the position of Director of Support Services for both the Saskatoon Rural and Rosetown Health Regions, I have many regional personnel to thank personally.

I extend a special thank you to Colleen Kells who was Acting Officer-In-Charge until mid-January 1988. Thanks Colleen for a job well done!

Sincere thanks are expresed to all the program disciplines and field staff for their commitment and dedication to providing excellent health services to the public within the boundaries of the Saskatoon Rural Health Region. I would also like to thank Dr. Don Watler (Acting Director and Medical Health Officer) from the Yorkton Health Region for his guidance, advice and consultation.

I want to express a very special thank you to Mary Beug (Senior Steno) the "quarterback of the office" and the other clerical staff for their efficiency and co-operation. We are very grateful for your expertise and professionalism. Keep up the good work.

It is with pleasure that I hereby present the 1987-88 "annual report" for the Saskatoon Rural Health Region on behalf of all the staff.

Some general highlights for the fiscal year should be noted at this time:

- With fiscal restraints in government more evident this past year, there was a reduction of staff in all regions, either by early retirement, resignation, transfer, or by regular retirement. This region lost its Medical Health Officer, Senior Public Health Inspector, Nursing Supervisor (PHN III), Nutritionist, two Public Health Inspectors and two Public Health Nurses. We also were fortunate to have some staff transferring in from other regions, a Nutritionist and one Public Health Nurse from the Yorkton Region to the Saskatoon headquarters and one temporary Public Health Nurse was hired for Davidson.

- As a result of the introduction of the Dental Health Education program we gained three new additional staff (Dental Health Educators).

- With the downsizing of the civil service to the twinning concept materialized between Saskatoon and Rosetown. Currently the following

staff are providing services to the Rosetown Health Region from Saskatoon: Cameron Barr (Early Childhood Psychologist); Johanna Bergerman (Nutritionist); Bill Wright (Senior Public Health Inspector); Cynthia Ostafie (Dental Health Educator); Colleen Kells (Speech/Language Pathologist) on a reduced basis; and this writer, Lloyd Onishenko (Director of Support Services).

- Another highlight was the change in the Saskatchewan Aids to Independent Living (SAIL) program which transferred from the Saskatchewan Abilities Council to Community Health Services Branch last fall. The region has now become the depot for SAIL respiratory equipment which has added extra responsibilities on our nursing staff.

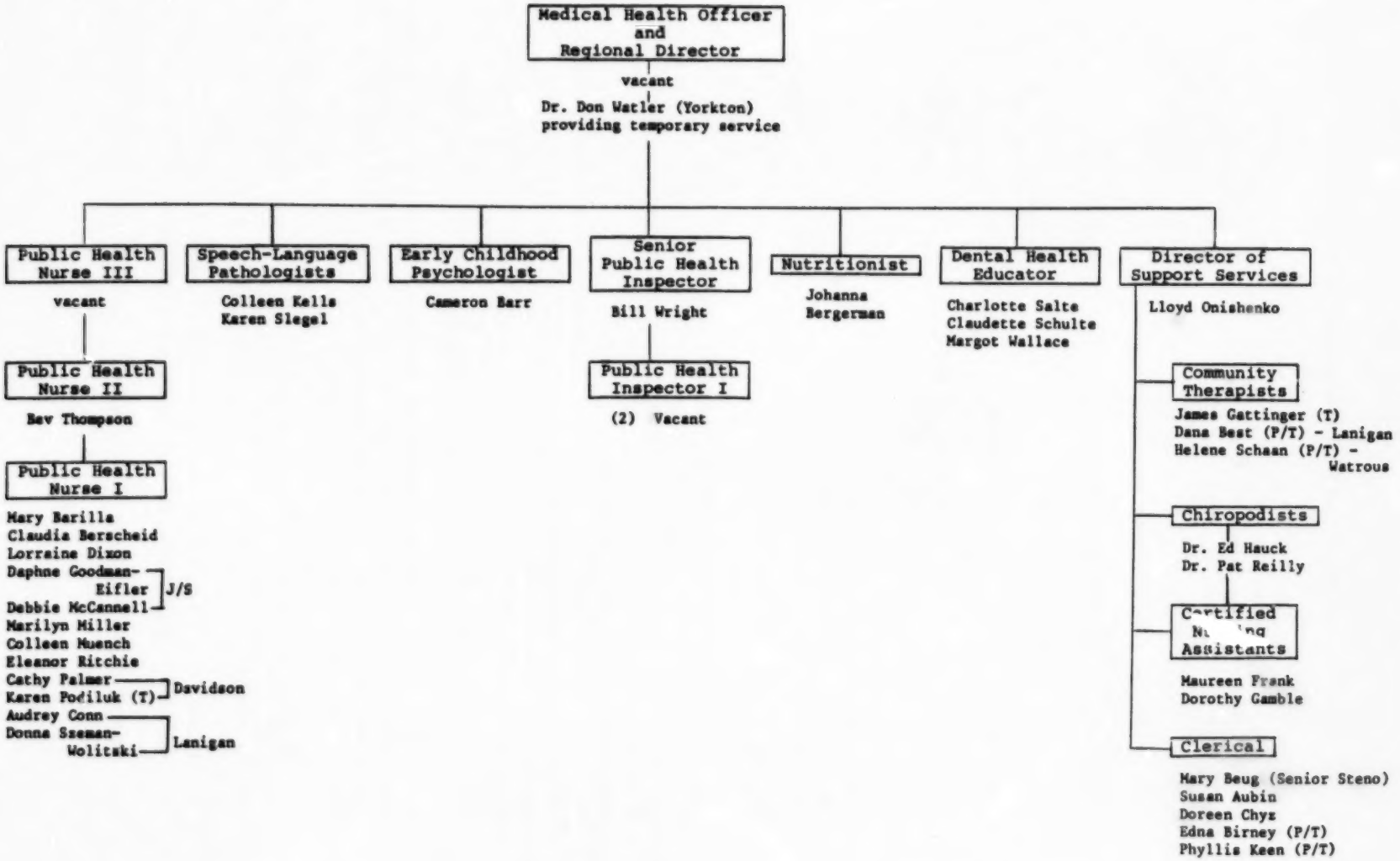
- With increased concerns about Acquired Immune Deficiency Syndrome (AIDS) volunteers (resource speakers) were trained to give presentations to community groups. Public health nurses have also been involved in several presentations to health care personnel, school groups, and the general public.

In closing, I would like to thank Wally Badowsky, Board Chairman, and the Regional Board of Health for their commitment to improving health care in the region along with the assistance of Municipal Health Representatives.

Finally, I would like to thank all personnel for their professionalism, loyal commitment and overall performance in these uncertain times. You have overcome all hurdles and have done a tremendous job and should be extremely proud of your accomplishments.

COMMUNITY HEALTH SERVICES BRANCH

Regional Structure
March 31, 1988



Legend
J/S - job sharing
T - temporary
P/T - part-time

REPORT FROM THE CHAIRMAN OF THE BOARD

From a personal view, the Saskatoon Rural Health Region has had a most active and successful past year. That is to say, in the face of adversity - staff retirements, drastic cuts in financing, general changes of various programs, staff reduction, recruiting problems, etc. - still the Health Region is very much alive and vibrant.

The Annual Report which you all have before you contains the relevant information of interest to you. I, therefore, will not burden you with repetition of items possibly appearing in this Annual Report. However, I need to thank all of the staff who have given their time and efforts unselfishly thus providing top-quality public health care in our region.

Wally Badowsky

Your health region Board members have tried their utmost to work for and promote the best of public health. 1987 began dismally for many health professionals and it appeared that the entire system was in a turmoil. However, it seems that in facing tremendous odds, when the "going got tough" that is when the "tough got going." Under a great deal of pressure and stress several positive circumstances were noted such as continuation of prenatal classes, child health clinics, acceptance of the Chiropody and Community Therapy programs. The new Dental Health Education program was introduced and it was certainly encouraging to hear that 141 schools in the province have accepted the fluoride mouth rinse program - mostly due to the fine efforts of the Dental Health Educators.

To ensure and enhance the contemporary practice of good public health and the interest of the municipal health representatives, we must concentrate our attention on setting goals for improving the relative action on some of the following topics:

1. Stress in today's teenage society which is constantly experiencing peer pressure to participate in the so-called "Cool": conformation of the majority, be it sex, smoking, drugs, alcohol.

2. Stress in the elderly - believe me, it is a terrifying experience for many senior citizens to look into the future.

3. Stress is the farming community. This is one area where we must

direct our attentions very seriously as there is a dire need for help out there. Let us face it, we are a Rural Health Region, and who can possibly hear more and know more about stress taking place than Rural Health Region Representatives in their areas? I think the government would be very wise, indeed, to help us financially to set up "Stress Seminars" in different areas of our region. Suicide has trippled in the last year and is on the increase in the farming community, i.e.: trippled in farm people as compared to other occupations. In one small area of the province there were more than 14 broken marriages due to isolation, lack of support, lack of communication, lack of finances - summed up - a lack of knowing where to turn and having no place to turn for help!

4. Dealing with teenage pregnancy and prevention through education and information.

5. Wife beating or vice-versa, both mentally and physically.

6. Child abuse.

7. Coping with family poverty and child hunger. The rise of the number of food banks in Saskatchewan is concrete evidence that our public safety net has collapsed. Over 10,000 people per month needed to take advantage of the four food banks in the province. Nearly half of these were children. It is a known fact that 35% of Saskatchewan families with children under 16 years had incomes less than $20,000 per year. This means well over 44,000 families in the poverty level.

8. Drug and alcohol abuse. This is now beginning to be addressed by the White Spruce Centre at Yorkton.

9. Improving the care and lifestyle of the elderly at home.

10. Increasing prevention and public participation in health care.

In closing, I hope that the challenge issued to each municipal health representative at the annual meeting to "bring another MHR to the spring session" will have materialized and I hope that our total numbers present will increase. Let us set a goal towards having the highest attendance in the province at our annual meetings. "There is strength in numbers."

The success or failure of the past year cannot be measured in relative terms. We have received support and valuable advice from your own thank you to the staff at Saskatoon Rural Health Region for doing a super job this last year. You are the best!

Last, but not least, I wish to express my gratitude to the Regional Board for electing me as their chairman for this term. All of you have been most helpful. Thank you for your superior efforts and co-operation.

MUNICIPAL HEALTH REPRESENTATIVES
Saskatoon Rural Health Region, 1988

Health District No. 1

Bruno	Jerome Strasser	Box 326, Bruno S0G 0S0
Colonsay	William Kruining	Box 103, Colonsay S0K 0Z0
Craik	Ted Obrigowitsch	Craik S0G 0V0
* Davidson	Dr. F. Al-Katib	Box 698, Davidson S0G 1A0
Imperial	David G. Kelly	Box 355, Imperial S0G 2J0
Lanigan	Eric Best	Box 325, Lanigan S0K 2M0
Watrous	W. H. Eltom	Box 550, Watrous S0K 4T0
Aylesbury	Joanne McAlpine	Aylesbury S0G 0B0
Bladworth	Peter D. Beckie	Box 55, Bladworth S0G 0J0
Drake	Jake K. Neufeld	Drake S0K 1H0
Etters Beach	Donald Anderson	Liberty S0K 2A0
Girvin	Jim A. Legge	Box 1, Girvin S0G 1A0
Guernsey	Darlene Dunne	Box 152, Guernsey S0K 1W0
Jansen	Norman Abell	Box 1, Jansen S0K 2B0
* Kenaston	Lillian Sellers	Box 183, Kenaston S0G 2N0
Liberty	Donna Schreffler	Box 143, Liberty S0K 2A0
Lockwood	Bert Meissner	Lockwood S0K 2R0
* Manitou Beach	Arnold Strueby	Box 1213, Watrous S0K 4T0
Meacham	Sandra Savage	Meacham S0K 2V0
Plunkett	Michelle Mann	Plunkett S0K 3J0
Simpson	Charles Austin	Simpson S0G 4M0
Viscount	Doug Bakker	Viscount S0K 4M0
Young	Joyce Brennan	Young S0K 4Y0
Zelma	Maxine Fischer	Box 22, Zelma S0K 4Z0
Arm River 252	Lorne Willner	Box 784, Davidson S0G 1A0
Bayne 371	Francis Yungwirth	Box 429, Bruno S0K 0S0
Big Arm 251	Bev McDougall	Box 104, Liberty S0G 3A0
Colonsay 342	Ray Simmons	Colonsay S0K 0Z0
Craik 222	Thomas Smith	Box 64, Craik S0G 0V0
McCraney 282	Frank Masich	Box 95, Bladworth S0G 0J0
Morris 312	Donald Peevers	Zelma GMB 34, Allan S0K 0C0
Prairie Rose 309	Ron Fedderson	Jansen, S0K 2B0
Usborne 310	Donald J. Bowman	Box 86, Guernsey S0K 1W0
Viscount 341	James Dale	Box 51, Plunkett S0K 3J0
Willner 253	Viola Greene	Box 388, Davidson S0G 1A0
Wood Creek 281	Alvin Abrey	Box 132, Simpson S0G 4M0

* BOARD MEMBERS

Health District No. 2

Allan	Deanna Guidry	Box 395, Allan S0K 0C0
Hanley	Ernest Matycio	Hanley S0G 2E0
* Vonda	Wally Badowsky	Box 220, Vonda S0K 4N0
Aberdeen	Mrs. K. Gordon	Box 208, Aberdeen S0K 0A0
Bradwell	Karen Zasitko	Bradwell S0K 0P0
Clavet	Elsie Gronsdahl	Box 150, Clavet S0K 0Y0
Dundurn	Isabelle Hildebrand	Box 220 S0K 1K0
Elbow	Don Perris	Elbow S0H 1J0
Elstow	Gilbert Gaudet	Box 86, Elstow S0K 1M0
Hawarden	Gerry Cooper	Box 10, Hawarden S0H 1Y0
Loreburn	Sharon Wankel	Box 146, Loreburn S0H 2S0
Prud'homme	Mayor Steve Sopotyk	Prud'homme S0K 3K0
Strongfield	Darryl Morrisn	Strongfield S0K 3Z0
Resort Village of Shields	Joan Hiebert	2624 Munroe Ave., S'toon
Resort Village of Thode	Liz Neudorf	Box 223, Dundurn S0K 1K0
Aberdeen 373	Don Hryciw	Box 65, Aberdeen S0K 0A0
Blucher 343	Mae O'Hagan	Box 178, Allan S0K 0C0
Dundurn 314	Kelvin Boechler	R.R.#5, Saskatoon S7K 3J8
Grant 372	Peter Denis	Box 11, Vonda S0K 4N0
Loreburn 254	J. A. Forrest	Box 40, Loreburn S0H 0C0
* Lost River 313	Gertrude Barnes	Box 266, Allan S0K 0C0
Rosedale 283	William Hannah	Box 267, Kenaston S0G 2N0

Health District No. 3

Asquith	Helena Peters	Box 345, Asquith S0K 0J0
Dalmeny	Elwood Larson	P.O. Box 190, Dalmeny S0K 1E0
Delisle	John Arntsenon	Box 386, Delisle S0L 0P0
Langham	Dennis Gossen	Box 25, Langham S0K 3A0
Martensville	Lawrence Hartigan	Box 670, Martensville S0K 2T0
* Osler	Sarah Peters	Box 154, Osler S0K 3A0
Radisson	Violet Kyluik	Box 99, Radisson S0K 3L0
Waldheim	Kathy Yurkowski	Box 147, Waldheim S0K 4R0
Warman	Ken Froese	Box 291, Warman S0K 4S0
Borden	Clarence Williams	Borden S0K 0N0
Hepburn	Thelma Dirks	Box 235, Hepburn S0K 1Z0
Laird	Walter Funk	Box 73, Laird S0K 2H0
Vanscoy	Mary Campbell	Vanscoy S0L 3J0
Corman Park 344	Dale Janzen	Box 141, Dalmeny S0K 1E0
Great Bend 405	Ken Tanchak	Box 150, Borden S0K 0N0
Laird 404	Henry A. Baerg	Box 7, Dalmeny S0K 1E0
Montrose 315	Ray Boehm	R.R.#3, Saskatoon S7K 3J6
* Vanscoy 345	Donald Kinzie	R.R.#3, Saskatoon S7K 3J6

* BOARD MEMBERS

REGIONAL BOARD OF THE
SASKATOON RURAL HEALTH REGION

Left to right:

Wally Badowsky, Sarah Peters, Donald Kinzie, Lillian Sellers, Dr. F. Al-Katib, Gertrude Barnes, Arnold Strueby

REPORT OF THE ACTING MEDICAL HEALTH OFFICER

Dr. H. Kinman, Director and Medical Health Officer of this Region retired at the end of May 1987, and for the rest of the year I undertook duties in this Region as Acting Medical Health Officer in addition to my substantive post as Director and Medical Health Officer for the Yorkton Health Region. Dr. Kinman had been Director and Medical Health Officer for nearly four years and his commitment and leadership during this time was greatly appreciated by all who worked with him.

It is my pleasure to present a brief report of certain highlights in this region for the year under review.

Dr. Don Watler

There were major challenges facing the Health Region during the fiscal year as a result of some staff downsizing resulting from the Early Retirement Program and certain vacancies not being filled. This affected particularly the general administration, nursing, and public health inspection. The prospect of fairly extensive organization changes also helped to create an atmosphere of uncertainty, but fortunately by year end the general staff situation improved, and some other important decisions were made. Throughout this difficult period, the behavior and performance of staff were exemplary; basic community health programs were maintained due to the willingness of the staff to undertake extra duties and responsibilties, and their commitment to maintain high professional standards.

Staffing and Activities

From June 1, 1987 to the end of the year, Miss Colleen Kells, Speech and Language Pathologist (SLP) acted as Officer-in-Charge. During this period she coordinated the work of the Region in a most capable manner, carrying out administration and organizational duties on a day-to-day basis. In spite of this, she continued working as a SLP and priorized her clinical duties in this field appropriately. Towards the end of the calendar year, certain other organizational changes were announced with the intention of improving the general administrative structure and process. In January 1988, Mr. Lloyd Onishenko was appointed Director of Support Services and this appointment is a part of this general restructuring taking place throughout the province..

During the year, Mrs. Bev Thompson became Acting Regional Nursing Super-

visor and continued in that capacity to year end. The unfortunate accident suffered by the previous Nursing Supervisor made it impossible for her to resume duties.

The public health inspection staff was very badly depleted during the year, and on some occasions there was only one inspector working in the region. More on this will be given by the Senior Public Health Inspector in his report.

With the alteration to the Dental Plan, four dental health educators joined the staff in the summer, and are carrying out preventive dental health education in schools not only in the region, but also in the City of Saskatoon.

The Community Therapy Program got fully underway during the year, and these therapists will be reporting on their activities later in this Annual Review.

With increasing concern about the Acquired Immune Deficiency Syndrome (AIDS), volunteers were trained in the Region with material developed by the province, and form a "speakers' bureau" to give educational presentations to community groups on request. This training took place later in the year; before that PHNs gave many presentations to interested groups. As there is no treatment or vaccine available against AIDS, the only effective method now of reducing the spread of this disease is by understanding the epidemiology of the disease and the necessity for taking certain precautions.

With change in the Saskatcewan Aids to Independent Living (SAIL) program early in the year the Department became the depot for SAIL respiratory equipment, which now had to be ordered from our office rather than from Regina. Later in the year, the Region also had to act as the depot for Saskatoon City as well, and to cope with this extra work, an extra part-time clerical officer was employed. Despite certain problems and difficulties with this new arrangement, these were largely overcome by year end.

Vital Statistics and Communicable Disease

Demography. Health Region #8 is 24,330 square kilometres in size (9,504 square miles). Table I shows the population of Saskatoon Rural Health Region by age and sex as per the mid-year SHSP figures. This was 48,968 and included in this figure is the Registered Indian population of 189. Table II shows the population of the entire province of Saskatchewan for 1987 (which was 1,045,440) and both tables also indicate certain other (demograhic) features. The total age dependency ratio in Health Region #8 is 0.62 compared to 0.58 for the province even though the percentage of population 65 years of age in Health Region #8 is less than the provincial average. This is an interesting observation and is due to the fact that the percentage of the population <15 in the Health Region #8 is 27% compared to the provinces 24%, thus giving a higher youth dependency

TABLE I

COVERED POPULATION AS AT JUNE 30, 1987 BY AGE GROUP AND SEX

Age Group	Population			Percent of Total			Percent		Sex Ratio
	Male	Female	Total	Male	Female	Total	Male	Female	
< 1	325	350	675	1.3	1.5	1.4	48.1	51.9	929
1 - 4	1,855	1,707	3,562	7.3	7.2	7.3	52.1	47.9	1,068
5 - 9	2,341	2,210	4,551	9.3	9.3	9.3	51.4	48.6	1,059
10-14	2,227	2,088	4,315	8.8	8.8	8.8	51.6	48.4	1,067
15-19	2,076	1,915	3,991	8.2	8.1	8.2	52.0	48.0	1,084
20-24	1,912	1,544	3,456	7.6	6.5	7.1	55.3	44.7	1,238
25-29	1,977	1,902	3,879	7.8	8.0	7.9	51.0	49.0	1,039
30-34	2,209	2,081	4,290	8.7	8.8	8.8	51.5	48.5	1,062
35-39	1,914	1,765	3,679	7.6	7.5	7.5	52.0	48.0	1,084
40-44	1,440	1,359	2,799	5.7	5.7	5.7	51.4	48.6	1,060
45-49	1,182	1,000	2,182	4.7	4.2	4.5	54.2	45.8	1,182
50-54	995	969	1,964	3.9	4.1	4.0	50.7	49.3	1,027
55-59	1,049	1,038	2,087	4.1	4.4	4.3	50.3	49.7	1,011
60-64	982	943	1,925	3.9	4.0	3.9	51.0	49.0	1,041
65-69	953	923	1,876	3.8	3.9	3.8	50.8	49.2	1,033
70-74	790	752	1,542	3.1	3.2	3.1	51.2	48.8	1,051
75-79	569	579	1,148	2.3	2.4	2.3	49.6	50.4	983
80-84	286	317	603	1.1	1.3	1.2	47.4	52.6	902
85-89	148	161	309	0.6	0.7	0.6	47.9	52.1	919
90+	57	78	135	0.2	0.3	0.3	42.2	57.8	731
Total	25,287	23,681	48,968	100.0	100.0	100.0	51.6	48.4	1,068

Total Population: 48,968
Total Youth Dependency Ratio: 0.43
Total Aged Dependency Ratio: 0.19
Total Dependency Ratio: 0.62
Population < 15 years of age: 27%
Population >65 years of age: 11.4%
Male to Female Ratio of Population: 1.066:1

The total dependency ratio gives a measure of the proportion of active persons in potential productive labour, i.e. it is the ratio of all persons 15 years and under plus those 65 years and over divided by the population between 15 and 64 years old.

TABLE II

POPULATION BY AGE GROUP - SASKATCHEWAN - 1987

Age Group	Male	Female	Total
0 - 4	44,784	42,320	87,734
5 - 9	43,634	41,113	84,747
10 - 14	40,355	39,043	79,398
15 - 19	41,303	39,140	80,443
20 - 24	47,072	44,854	91,926
25 - 29	48,579	46,485	95,064
30 - 34	45,025	42,606	87,631
35 - 39	36,104	34,010	70,114
40 - 44	28,505	27,448	55,953
45 - 49	23,257	22,903	46,160
50 - 54	22,397	21,807	44,204
55 - 59	22,803	22,647	45,450
60 - 64	21,737	22,781	44,518
65 - 69	19,540	21,799	41,339
70 - 74	16,409	19,186	35,595
75 - 79	11,578	14,218	25,796
80 - 84	6,945	9,437	16,382
85 - 89	3,342	5,051	8,383
90+	1,542	3,051	4,593
Total	524,911	520,529	1,045,440

Total Population: 1,045,440
Total Youth Dependency Ratio: .380
Total Aged Dependency Ratio: .199
Total Dependency Ratio: .579
Population < 15 years of age: 24.09%
Population >65 years of age: 12.63%
Male to female ratio of population: 1.008:1

TABLE III

POPULATION CHANGES IN HEALTH REGION #8, SASKATOON CITY, AND THE PROVINCE (1983-1987)

Years	Total Population			%age Change			% of Population > 65 Years of Age			
	HR #8	Saskatoon City	Saskatchewan	HR #8	Saskatoon City	Saskatchewan	HR #8	Saskatoon City	Saskatchewan	Canada
1983	48,775	164,304	1,014,496				10.6	9.5	12.0	10.0 *
1984	48,902	170,748	1,028,965	+0.3	+3.9	+1.4	10.8	9.4	12.0	
1985	49,054	175,859	1,039,249	+0.3	+3.0	+1.0	10.9	9.5	12.3	
1986	49,256	178,361	1,041,358	+0.4	+1.4	+0.2	11.3	9.6	12.4	10.7**
1987	48,968	182,216	1,045,440	-0.6	+2.2	+0.4	11.4	9.7	12.6	

* Estimated from the National Census (1981) Statistics Canada
** National Census (1986) Statistics Canada

ratio when compared with the province. For the City of Saskatoon (1986 data), the total dependency ratio is only 0.45 and the percentage of the total population over 65 is only 9.6% (data derived from the 1986 Annual Report of the Saskatoon Community Health Unit, page 13). It is evident from these figures that the City of Saskatoon has a much younger population than the rest of the province, and it is very likely that this is due to an increasing migration of younger persons from rural Saskatchewan into Saskatoon. Table III shows some comparisons in total populations between this Health Region, the province, and the City of Saskatoon from 1983 to 1987. The progressive aging of the population in the province as a whole, in the health region, and in the country is not noted to the same extent for the City of Saskatoon.

Fertility Data

Table IV shows the birth rate and total fertility rates for Health Region #8, the City of Saskatoon and Saskatchewan for 1983 to 1987.

Definitions:

The birth rate is the total number of live births for 1,000 of the total population.

The total fertility rate (TFR) is the sum of the female age specific fertility rates (per 1,000 population) multiplied by 5. It represents the average number of children that would be born to women if they survive through their reproductive years and bear children in accordance with the age specific fertility rates observed in a given year. A TFR of 2,100 means that the average number of children born to a hypothetical cohort of women is 2.1, i.e. an average family having 2.1 children. This is regarded as just the population replacement level. The TFR is therefore a better measurement of fertility than the birth rate as it takes into account the age differences in the child bearing population.

This table shows some interesting fluctuations in births and rates for Health Region #8 with an unexplained peak in 1985 followed by a significant drop in 1986 and 1987 - even though the data for the last two years are provisional. The data for Saskatoon is also interesting as while birth rates there are higher, the TFRs are lower than in Health Region #8. The reasons for this merit further study, but are probably related to population shifts from Health Region #8 into Saskatoon; extension of Saskatoon City boundaries, and the differences in age specific rates between Saskatoon and Health Region #8.

Mortality

Table V shows data concerning infant mortality in the Region for the years (1983 to 1987) and compares this with the Province. These data provide useful information on the maternal and child health status in the Region.

TABLE IV

Fertility data for H.R. #8, compared to Saskatoon City and Saskatchewan (1983-1987)

Year	HR #8			Saskatoon City			Saskatchewan		
	Total Live Births	Birth Rate	Total Fertility Rate	Total Live Births	Birth Rate	Total Fertility Rate	Total Live Births	Birth Rate	Total Fertility Rate
1983	875	17.9	2,233	3,031	18.4	1,734	17,847	17.6	2,134
1984	812	16.6	2,105	3,154	18.5	1,741	18,014	17.5	2,108
1985	911	18.4	2,348	3,267	18.6	1,760	18,162	17.5	2,094
1986*	760	15.4	2,016	3,335	18.7	1,791	17,507	16.8	1,986
1987*	719	14.7	1,975	3,297	18.1	N/A	17,007	16.3	1,950

*Provisional Figures

T A B L E V

INFANT MORTALITY DATA, HEALTH REGION #8,
COMPARED WITH SASKATCHEWAN

	Health Region #8								Saskatchewan							
Year	Infant Deaths <1 Year	Infant Mortality Rate	Neonatal Deaths	Neonatal Mortality Rate	Stillbirths	Stillbirth Rate	Perinatal Deaths	Perinatal Mortality Rate	Infant Deaths <1 Year	Infant Mortality Rate	Neonatal Deaths	Neonatal Mortality Rate	Stillbirths	Stillbirth Rate	Perinatal Deaths	Perinatal Mortality Rate
1983	12	13.7	8	9.1	8	9.1	15	17.0	177	9.9	102	5.7	126	7.1	185	10.3
1984	5	6.2	3	3.7	5	6.2	8	9.8	169	9.4	101	5.6	128	7.1	214	11.8
1985	10	11.0	7	7.7	2	2.2	9	9.9	200	11.0	123	6.8	111	6.1	207	11.3
1986*	6	7.9	4	5.3	4	5.3	7	9.2	154	8.0	95	5.4	69	3.9	145	8.3
1987*	5	7.0	3	4.2	2	2.8	4	5.5	148	8.7	84	4.9	62	3.6	128	7.5

* Provisional Figures

Infant mortality rate. This is the number of deaths in infants less than 1 year of age per 1,000 total live births.

Neonatal mortality rate. This is the number of deaths in infants up to 28 days old per 1,000 total live births.

Stillbirths are the fatal deaths of 20 or more weeks' gestation.

Stillbirth rate is the number of stillbirths per 1,000 live births.

Perinatal death rate is the number of stillbirths plus the number of infant deaths under 7 days of age per 1,000 total births (live and stillborn).

From the table it can be seen that there has been a continuing improvement in these rates, and particularly gratifying is the improvement in the perinatal death rate, which is one of the best indicators of the status of maternal and child health.

In 1987 there were 245 deaths in the Region compared to 297 in 1986. This gives a crude death rate of 5.0 per 1,000 population for 1987.

Table VI shows the major causes of death in 1987 by sex. These are provisional data.

Although these figures are provisional and the numbers are small, an interesting feature is that 31% of all deaths were due to cancer in 1987 compared to 25% in the province, and approximately 25% for the nation as a whole.

More detailed epidemiological analyses done over a number of years would be necessary to determine if this finding is really significant. Cardiovascular disease, as expected, was the commonest cause of death accounting for 45% of all deaths, and accidents made up 8.6% of all deaths. These accidental deaths are particularly tragic as they occur mainly in the younger age groups, and in potential years of life lost before the age of 70 would be even more signficant than deaths due to cardiovascular disease and cancer. It is important to analyse trends in mortality rates from the common causes of death over the years to detect changes that indicate the need for specific program thrusts. Many of these common causes of death are amendable to prevention through lifestyle and environmental change. They have replaced the infectious diseases and pose a clear challenge to public health today.

Communicable Disease Control

Table VII shows the incidence of certain communicable diseases reported in this Region for the years 1983/84 - 1987/88. The yearly period being reported is from April 1 of the first year to March 31 of the succeeding year.

T A B L E VI

Major Causes Of Death in 1987 by sex. These are provisional data.

MAJOR CAUSES OF DEATH	Male	Female	Total
Heart Disease	64	29	93
Malignant Neoplasms (Cancer)	36	39	75
*Accidents	16	5	21
Cerebrovascular Disease	9	7	16
Respiratory Diseases (mainly pneumonia)	5	7	12
Suicide	4	1	5
Congenital anomalies and conditions in the peri-natal period	1	3	4
Urinary Tract Disease	2	2	4
Other unspecified	n/a	n/a	15
TOTAL	146	99	245

*Includes motor vehicle accidents and other causes of accidental deaths.

TABLE VII

Incidence of Certain Communicable Diseases Reported in Health Region #8

COMMUNICABLE DISEASE	1983/84	1984/85	1985/86	1986/87	1987/88
Gonorrhea	13	26	17	9	10
Chlamydia (urogenital)	-	-	-	40	42
Salmonellosis	22	14	0	17	7
Shigellosis	7	n/a	n/a	4	0
Campylobacteriosis	-	-	-	15	18
Hepatitis A	1	12	12	3	0
Hepatitis B	-	4	1	1	2
Meningitis	4	8	4	6	8*
Measles	0	0	0	15	31+
Giardiasis	-	-	8	10	26
Pulmonary Tuberculosis	1	0	4	0	0

*Two were due to H. influenza; one due to the meningococcus; one staphylococcal and four viral.

+The majority of these reported were not confirmed serologically.

-Not recorded at that time.

n/a Not available

The followings are brief comments on these data:

General: These figures are for the fiscal year periods and as such are not able to be compared with those from the province at this time. In future years the calendar year data will be used, enabling comparative analysis.

There is considerable fluctuation from year to year, and with the numbers being small it is difficult to draw any conclusions. However some observations merit comment.

Gonorrhoea: seems generally to be on the decrease, and this finding is in keeping with provincial and national data.

Chlamydial genito urinary infections: testing on a large scale for this STD began in 1986, and the test commonly used was the chlamydiayzme which is an enzyme immuno assay. This test, which is highly sensitive and specific can give false positive results in a low risk population where the pretest likelihood of the condition is low. There were some misunderstandings about this interpretation of this test at first, so the figures given may be on the high side. However, there is no doubt that these chlamydial infections are the commonest form of STD, and seem to be on the increase. With increase in understanding of the limitations of the test, more epidemiologic data will be available in the future.

Campylobacteriosis: this form of infectious diarrhea is now even more common than salmonellosis in this Region, and is similar to findings elsewhere in the country.

Giardiasis: this form of infectious diarrhea is being reported more frequently, and it is still debatable whether there has been a real increase or only an apparent one, as more physicians are now testing more for it.

Rabies: Rabies is endemic in wild life in this Region, and during the year 51 skunks were identified as positive, 1 cat and 1 bat. This large number of rabid skunks reflected the general epizootic that occurred in the province, and is a cause for concern as skunks can quite easily get involved with domestic animals on farms. All animal bites reported were investigated, and the following 13 persons received post exposure prophylaxis:

- 4 for scratches and bites from a rabid cat
- 1 from a stray cat that escaped.
- 3 from exposure to a rabid bat.
- 1 from a scratch from a rabid skunk.
- 3 from exposure to a rabid skunk.
- 1 from a rodent that behaved suspiciously and escaped.

The Federal veterinarians gave excellent cooperation in the management of all animal bites and educational efforts were intensified to encourage persons in the Region to vaccinate their domestic animals against rabies,

and to be extremely cautious in approaching wild animals or petting strange domestic cats or dogs.

Miscellaneous: there was one report of foodborne illness in the Region during the year affecting 14 persons. No specific pathogen was demonstrated, but from the epidemiology the most likely cause was from a virus infection caused by the virus designated the Norwalk virus. More and more accounts of this virus causing foodborne illness are being reported nation-wide. Fortunately this form of viral gastroenteritis does not cause very serious illness, but it can be serious or even fatal in the elderly and those with chronic illness. It can be prevented by following the usual safe food handling and preparation guidelines.

In conclusion, I would like to thank all the staff of this Health Region for their cooperation, and support during the year. It was always a pleasure visiting this Region, and I wish them continued success as they work to maintain and improve the health of all those who live in this Region. My thanks also to the Board Members and Health Representatives who give very valuable advice and help to the Regional staff by providing that community input which is so essential.

PUBLIC HEALTH NURSING

I am very pleased to report that we have a committed, highly adaptable and flexible nursing staff in Health Region #8. They have withstood the demanding year of 1987. The possible re-organization within the Branch, downsizing of staff and staff shortages created many uncertainties. The nurses worked harder as a team this year to continue to deliver high quality nursing service despite continual staff shortages and heavier workloads.

Bev Thompson

All three offices experienced staff shortages for some period of time. The Davidson district office started the year off deficient one public health nurse (PHN). A PHN in the Lanigan district office transfered to Health Region #12. In the Saskatoon office, a PHN resigned. Two nurses on extended sick leave, within the Saskatoon office, contributed to the total loss of nursing resources.

A provincial review of nurse population ratios resulted in our Region being designated three additional nursing positions. Two of these positions were transferred from other regions. At year end, both District offices are fully staffed and one vacant position in the Saskatoon office will be filled shortly as the recruitment process is underway.

Introduction of a job-sharing position occurred in February 1988. This arrangement has been received very positively and is working well. The nurses have the benefit of working half time and the service to the public has maintained a high standard.

Betty Drabinasty, permanent Regional Nursing Supervisor (RNS), did not return from her extended sick leave and retired in May 1987, after a long service with the region. Margaret Wood who joined our staff in August 1986 as Acting RNS has since retired from the region. I have assumed the RNS position for this year on an acting basis.

We look forward to Jean Porter, RNS, joining our staff permanently in 1988. She is presently RNS of the Rosetown Health Region. As part of the twinning concept, this region's RNS position will be shared with Rosetown.

Overview of Nursing Program Changes:

Prenatal

A Prenatal Group Education manual prepared by the Nursing Division, was finalized and implemented in January 1987. This manual assists the PHN in providing high quality prenatal class content. It has also benefited the PHN by eliminating hours of nursing work in developing prenatal class content and reducing immediate preparation time for classes.

The delivery of prenatal classes by public health nurses in the province was under review this year. With the publicity this received, staff shortages and a change in the minimal enrollment policy, we had a significant reduction in the number of enrollments and number of prenatal classes held in this region. With the new year, staffing increases, and confirmation that prenatal classes would continue to be offered by our department, our number of prenatal class enrollments and classes have steadily increased. At year end, three of our offices are offering prenatal classes.

Postnatal

The postnatal contact is the opening contact for a strong nurse/family relationship. The primary functions of the nurse is to assess the infant and to provide family members with teaching, counselling and anticipatory guidance as necessary. The need for a postnatal home visit is determined by utilizing an at risk category developed in the Postnatal Home Visit Policy. We are continuing to offer postnatal contacts to all mothers, infants and families and postnatal home visits to all mothers, infants and families at risk.

Infant and Preschool

The Preschool Core Services Program continues to be offered in all 30 of the Regions' Child Health Conference (CHC) sites. The program provides a comprehensive service for our infants and preschoolers and is being well received.

Child Health Conference Services

This chart outlines the ages that the various Passport to Health Services are offered.

Activity	2 mos.	4 mos.	6 mos.	1 year	18 mos.	3 years	4 years
Immunization	X	X	X	X	X	X	X
Developmental Screening	-	-	X	X	X	X	-
Hearing Screening	-	X	X	X	-	X	X
Nutrition Assessment	X	X	X	X	X	X	X
Physical Assessment/ Physical Measurement	X	X	X	X	X	X	X
Speech/Language Screen.	-	-	-	-	-	X	-
Vision Screening	-	-	-	-	-	-	X

Evaluation of the program has been underway since its implementation in 1986. Nurses participated in the evaluation of the vision screening program and assisted the speech and language pathologists (SLP) in evaluation of the Communication Screen. (This is the tool utilized in the assessment of a three year old's speech and language). In January, 1988 another element of the preschool core services program commenced evaluation - the developmental screening. The public health nurses are assisting the early childhood psychologists (ECP) in evaluating the Denver Development Screening Test (DDST).

The continual review and evaluation of programs and activities will ensure that we are up to date and assist us in the overall achievement of our nursing goals and objectives. As a result of the Vision Screening and Communication Screen evaluations, committees at a provincial level have been established to assist in the provision of recommendations and revisions to the programs.

A Child Abuse Protocol was developed and implemented in January 1988. This has been well received by the public health nurses as it provides a clear description of how a PHN is to proceed in suspected abuse situations.

School Health Services

The school health services remain under review. The provincial services vary except for immunization, which is standardized. We adhere to the immunization schedule as recommended by the National Advisory Committee on Immunization. The students' immunization requirements are determined on an individual basis, specifically, in reference to age and immunization history. In essence, school immunization consists of children, fourteen years of age receiving a booster to Tetanus and diphtheria (Td) and oral polio (OPV); and girls eleven-twelve years of age receiving Rubella, if they have not received this previously.

Public health nurses have been increasingly consulted to provide health education programs in schools. The nurses have provided a wide variety of health education to students of varying grades.

In 1986, information sheets on immunization to parents of preschool children receiving immunization were distributed. In 1988, the informed consent was extended to include immunization of school aged children and adults. This ensures that parents/adults are well informed and are provided with the opportunity to have a better understanding of the immunization which their child/they will receive. It is on this basis that a consent for immunization is given by the parent/adult.

Adult/Elderly/SAIL Programs

Adult and elderly services is a continuing aspect of our work. Saskatchewan Aids to Independent Living (SAIL) contacts, including home visits, are primarily made to senior citizens.

The most significant changes in the SAIL program was the contracting of the ambulatory and environmental aids to the Saskatchewan Abilities Council, and the warehousing and distribution of respiratory equipment from the SAIL depots to the Health Regions. Regina and Saskatoon Rural Health Regions also undertook the responsibility of warehousing and distributing respiratory SAIL equipment to both rural and city residents in Regina City and Saskatoon City respectively. We have been grateful to have the addition of a half time clerical, Phyllis Keen, who has been most effective and efficient in stocking and dispensing the respiratory equipment.

Public health nurses continue to provide follow-up contacts to rural clients receiving respiratory equipment; namely, oxygen and nebulizers.

A Public Health Nursing Respiratory Manual and Respiratory Information Sheets for Clients are currently being developed.

Communicable Disease Control

Responsibility for Tuberculosis (TB) Control transferred to the Communicable Disease Control Branch. Public health nurses will be involved more with TB control in contact tracing and skin testing. The significance of this change has had little impact on the nurses' work to date, as this region experiences very little TB.

Haemophilus b Conjugate Vaccine (HIB Vaccine) for use under two years of age, was licensed in Canada in 1988. This vaccine will be incorporated into the department's immunization program and will be offered to children eighteen months of age. Preparations are under way as the implementation date will be in the early fiscal year.

The Branch has taken a leadership role in providing public education on AIDS. A number of resource materials on AIDS were developed by the province. These were designed for the general public and professionals' use. The development of an AIDS Training Manual and training workshops throughout Saskatchewan led to the development of the AIDS Speakers Bureau. This is a province wide network of trained community resource people available to conduct presentations on AIDS. The Health Region's role is to provide a trained resource speaker in response to a request by a community group. Two public health nurses have received this AIDS manual training. This region has had few requests from the community for the AIDS inservice. Public health nurses are not overly involved with the AIDS education in the schools or communities.

Implementation of addendums to the Nursing Immunization Protocol occurred in February 1988. The addendums, developed by the Medical Advisory Committee, include the Transportation and Storage of Biologicals, Treatment of Anaphylaxis and Reporting of Adverse Reactions.

Public health nurses will have the opportunity to transport immunization equipment to community facilities in bags specifically designed for this purpose. These were designed this year and will become part of the nurses standard equipment.

The future course of the Rheumatic Fever Program is under review.

Standardization of communicable disease followup is being addressed and a Communicable Disease Followup Manual is being considered. Public health nurses continue to follow up the more commonly found communicable diseases in our region of salmonella, giardiasis, campylobacter and shigella to a lesser extent.

Nurses' involvement in sexually transmitted disease (STD) followup and contact tracing is minimal, as most physicians perform this. There is the potential for nurses to become more involved with STD followup. This is a result of HIV positive becoming a reportable communicable disease and the Medical Advisory Committee is reviewing the public health nurses' involvement with chlamydia followup.

The nurses' involvement in pediculosis control and followup was reviewed.

Nursing Student Experience

This region had the opportunity to participate in the education of nursing students. Two students from the University of Saskatchewan and eighty-five Kelsey students gained community health nursing field experience. In general, both staff and students find these experiences mutually benefiting.

Nurses participated in a variety of inservice programs. Workshops and inservices provide public health nurses with the opportunity to continue to grow and develop, and more specifically to keep abreast of the current concepts and practices in public health nursing. Five public health nurses attended the Continuing Education for Public Health Nurses in Practice Workshop at the University of Saskatchewan in May 1987. This was the second year of the workshop's "Systematic Approach to Nursing Core." The conferences have been favorably evaluated. Strong support has been expressed for the continuation of these workshops. The goal is to have each PHN attend one every three years. The PHN monthly staff meetings have been reduced to six meetings per year.

Nursing Division has continued to work hard in developing, reviewing/revising existing protocols and manuals. This ensures that our materials and resources are pertinent and up to date. New developments this year included: an orientation manual, nursing supervisory tools and identification of the performance standards of the nursing positions. These are most beneficial to staff, especially the supervisor. A tool which will be useful in assessing the nurses workload is presently being refined.

The physical image of the public health nurse took on a new look this year. With the elimination of the nursing uniform, in January 1988, we officially said good-bye to the "Blues"! This has been well received by the public health nurses in general as it provides nurses with the opportunity to dress individually and project their own image.

Volunteers have a significant role in assisting public health nurses at Child Health Conferences. PHNs and clients appreciate the volunteer's friendliness and willingness to provide the services of keeping appointments and assisting at clinics.

PUBLIC HEALTH NURSING SELECTED STATISTICS

	1984-85	1985-86	1986-87	1987-88
Number of Nursing Days	-	1751.75	1977.50	1794.75
Home Visits:				
Prenatals	128	70	85	54
Postnatals	659	613	557	490
Infants	809	721	547	480
Preschools (Home Visits &/or other contacts)	976	778	608	587
Adult: under 65 years	523	335	250	270
over 65 years	577	319	232	84
†† Special	156	47	14	24
S.A.I.L.	686	685	588	358
Communicable Disease	6	85	57	125
* Total Interviews/Contacts	1,889	1,802	1,640	2,199
Prenatal Classes:				
Number Held	83	81	84	28
Mothers Attended	508	511	483	177
Father/Coach Attended	457	424	454	161
Child Health Conference Attendance:	6,250	6,368	5,924	5,463
School Programs:				
School Enrollment	-	-	11,028	11,281
Students Seen	6,977	4,488	4,094	5,360

†† Mentally/Physically Handicapped, Mentally Ill

* includes - prenatals, postnatals, infants, school-students and parents S.A.I.L. and adults

† Diphtheria, Pertussis, Tetanus (DPT); Oral Polio (OPV); Measles, Mumps and Rubella (MMR)

PUBLIC HEALTH INSPECTION SERVICES

As part of the health prevention team, the public health inspector's objective is to safeguard the health of the public from physical, chemical and biological hazards. Services that are conducted by inspectors include educational programs, consultant services, inspection of facilities and enforcement of regulations under The Public Health Act.

Bill Wright

Over the past year our public health inspection staff has seen a devastating change. The senior inspector, Mr. Carmen Caswell, opted for the early retirement package when presented, after many years of service to the department. In June and again in September two public health inspectors resigned, Dwayne Laushway and Wendy Fong to move to Winnipeg and Vancouver respectively. These changes left us with only one inspector. In November Mark Winichuk was hired on a temporary basis and stayed until March when he was offered a position with Health Protection Branch. Facility inspections generally in the region have been completed when inspectors from other regions - Terry Gibson of Kindersley, Steve Deegan of Meadow Lake, and Patricia Tymiak of Assiniboia - spent time in the region. On February 1, 1988, the vacant senior's position was filled with the promotion of Bill Wright from the PHI II position. The senior position is a shared position with Rosetown Health Region.

At present we have two vacant PHI positions and possibly the PHI II position, depending on the decision on the future of the II positions. As a result of the lack of permanent staff, our ongoing preventive and education programs are non-existent. Since September we have been answering complaints, demand services and inspections requiring permits or certificates of approval.

Though our statistics will show that the region has completed a large number of inspections, there has been no time or staff for follow-up, repeat visits, etc.

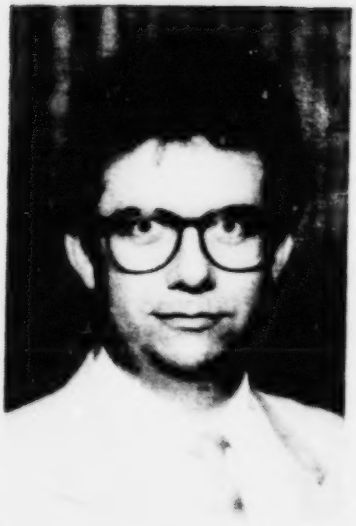
I wish to thank both Terry Gibson, Patricia Tymiak and Steve Deegan for the excellent job they did while working within the region. The support and cooperation of the clerical staff has been greatly appreciated as well.

In order to show the excellent job that has been done by those PHI's who have been on staff, whether full time, temporary or on a secondment, a side by side comparison of the figures for the past three years are on the following page.

PUBLIC HEALTH INSPECTION
SELECTED STATISTICS

	Field Visits			Formal Inspections		
	85/86	86/87	87/88	85/86	86/87	87/88
Public Eating Establishments	116	179	121	214	228	234
Food Processing and Distribution	16	34	34	81	52	59
Liquor Outlets	14	4	35	36	26	46
Communal Water Supplies	5	0	1	0	0	1
Private Water Supplies	8	6	6	0	N/A	N/A
Hospitals	0	2	3	0	1	3
Schools and Institutions	7	9	8	19	8	10
Housing	14	15	5	-	N/A	N/A
Trailer and Mobile Home Courts	17	15	18	19	15	9
Hotels and Motels	9	18	41	51	56	63
Industrial Facilities	0	1	4	0	0	0
Swimming Pools	71	69	136	15	22	21
Agricultural Facilities	7	4	6	-	N/A	N/A
Recreational Facilities	37	41	39	42	71	48
Public Facilities	5	8	5	2	19	3
Plumbing	369	464	412	-	N/A	N/A
Investigations	22	41	28	-	N/A	N/A
TOTALS	717	923	916	428	498	496
General Services (In Hours)						
Travel	361	908	732			
Meetings	98	190	109			
Surveys	31	72	24			
Monitoring	25	16	15			
Training Courses	211	530	180			
Other	99	33	39			
TOTALS	1325	1749	1099			
% Time Spent	26%	34%	28.9%			
Other Services (In Hours)						
Projects	37	1	23			
Staff Meetings	68	120	40			
Staff Development	391	153	100			
General Administration	1714	1260	903			
TOTALS	2210	1534	1066			
% Time Spent	43%	30%	28%			

CHIROPODY PROGRAM



Ed Hauck

Pat Reilly

Chiropody services are provided to the general population of the Saskatoon Health Region #8 with emphasis on treatment the elderly to maintain their mobility. We receive referrals from physicians, public health nurses, the co-ordinator of Home Care and other chiropodists. A priority system for referrals is required to determine urgency and necessity of the treatment required. There are four categories on the referral. They are:

Category 1 - Medically at risk elderly
Category 2 - Medically at risk general population
Category 3 - Well elderly
Category 4 - General population not medically at risk

Since the inception of the program in January 1985, there have been a total of 21,705 patient visits as of December 31, 1987. Presently the caseload stands at 4,165. On the average, patients visit the clinic three to four times per year. Some people require much more frequent visits as their conditions demand and others require only sporadic treatment.

Our waiting list has been reduced to nil with the help of the chiropodist and his assistant, Dr. Nick Perry and Ms. Sydney Steer from Rosetown. Their efforts have helped tremendously.

The Davidson and Watrous satellite clinics are still being attended on a monthly basis and continue to be booked. Watrous presently has a caseload of 349. Davidson's caseload presently is 179.

Several inservices have been provided last year to various groups of people including University of Saskatchewan second year medical students, Continuing Nuring Education, some nursing homes, Canadian Diabetic Association, Arthritic Society (Saskatoon Branch) and several seniors' groups. The total number of inservices was 24.

We had some renovations done in our office which has expanded our waiting area. We now have an area that can accommodate more than one wheelchair. It certainly is a plus. We also have S.A.I.L. Respiratory equipment in our waiting area.

The following are the statistics for the Saskatoon, Watrous and Davidson chiropody clinics for the 1987 calendar year.

CHIROPODY STATISTICS
1987-88

Saskatoon

Category:	1	2	3	4
New	242	71	178	304
Return	1350	734	1817	1620
Total	1592	805	1995	1923

Watrous

Category:	1	2	3	4
New	35	9	22	31
Return	155	29	70	42
Total	190	38	92	73

Davidson

Category:	1	2	3	4
New	7	3	14	19
Return	22	12	121	42
Total	29	15	135	61

EARLY CHILDHOOD PSYCHOLOGIST'S REPORT

Psychological services are provided to the Saskatoon Rural Region sixty percent of my working time. Services were provided for children from birth to five years of age, and their families. The following six categories cover the types of activities done.

Cameron Barr

Case Work

This involves assessments, counselling, interviews, report writing and programming as well as assorted other activities. Case work accounts for approximately 55% of my time. Referrals received during the year were for behavior problems (43%), other developmental concerns (25%), Denver Developmental Screening Test (22%), and multiple (6%). The majority of referrals were from the public health nurses (75%), followed by the speech and language pathologists (22%), then parents (3%). Please refer to the table provided for further information.

The Alvin Buckwold Centre (ABC) has been allowing me to participate with their team when children are from the region. I have found this useful as I am then able to act as a link between agencies and professionals for the family.

Consultation

This category involves working with professionals and agencies regarding child growth and development issues.

The region has two Early Childhood Intervention Programs (ECIP) operating - Alvin Buckwold and Prairie Hills of which I sit on their admission and review committees. The ABC-ECIP, which covers both urban and rural areas, now has more than half of its children from the rural area.

The ECIPs in the province are under the umbrella of the Provincial ECIP committee. I serve as a representative for Health.

Within the region an Early Childhood Committee deals with programming and individual cases. Other disciplines and myself attend these meetings.

Public Education

The development and dissemination of information regarding child development is the focus of this aspect.

Articles were written for the Lanigan Advisor. Presentations were made to a Bruno parents' group and Martensville group.

Professional Development

This involves activities to maintain or expand professional knowledge. Workshops were attended on family therapy and using childrens' drawings for assessment.

Research

This aspect relates to research done that is related to the clinical and preventive aims of the program. The evaluation of the Denver Developmental Screening Test began on January 1, 1988 and will continue until June 30, 1988. The ECPs were involved in the reviews prior to the start of the evaluation and are presently collecting the data.

Administration

This involves matters related to service at the regional and Branch levels. I attended meetings with the other ECPs, program staff meetings, and sat on committees.

The support of the Board, staff, and administration has been greatly appreciated. I look forward to the next year.

EARLY CHILDHOOD PSYCHOLOGY STATISTICS
1987-88

Total number of children seen: 58

Average monthly active caseload: 53

Number of new referrals: 32

Referral sources: PHN - 75%
SLP - 22%
Parents - 3%

Reason for referral: Behavior - 47%
Other Developmental - 25%
DDST - 22%
Multiple - 6%

PUBLIC HEALTH NUTRITIONIST'S REPORT

April 1987 to October 1987 -
Marilee McDermott

The position of Public Health Nutritionist was shared with the Prince Albert Health Region until October 1987.

From April until October, the total of 19 group presentations were given to 753 people. These included two weight control leaders' workshops, schools, Hillcrest Hutterite Colony, Home Care, TOPS groups, seniors and pre-retirement seminars.

Consultation providing information, materials and/or advice was given to 277 individuals including 18 individual counsellings.

Weekly newspaper columns on nutrition continue to be written and sent to all weekly newspapers in the health region.

Johanna Bergerman

Two community interns had rotations in the Prince Albert/Saskatoon Rural Health Regions for a total of 5½ weeks.

Beginning in the Fall of 1987, the nutritionists began teacher workshops in co-operation with the Saskatchewan Dairy Foundation. The Dairy Foundation are providing reliable, colorful nutrition information packages for teachers. The kits are free provided that the teacher attends a workshop put on by a nutritionist. There are two workshops: one for kindergarten to grade three and another for grades four to six.

Provincially, planning programs and resources continues with the the Nutrition Action Plan. Projects I have been involved in with other nutritionists are as follows:

1. An information package on breastfeeding was developed. It will be distributed to hospitals and dietitians in the regions for provision of consistent information across the province.

2. A series of fact sheets on eating disorders was prepared. The information presented covers:

a) What are Eating Disorders?
b) How to Recognize an Eating Disorder.
c) Coping with an Eating Disordered Person.
d) How to Avoid an Eating Disorder.
e) Resources for Those Interested in Eating Disorders.

These sheets are suitable for use by professionals with teachers, parents, adolescents or anyone interested in basic information.

3. A project continues on Preschool Nutrition.

4. A handout on Rating Nutrition Articles was developed. What with the abundance of nutrition information available to the public, it is often difficult to disseminate what is reliable or not. This sheet should help clarify some concenrs.

I would like to express my appreciation for the assistance, co-operation and support received within the Saskatoon Rural Health Region. I enjoyed working in the region.

November 1987 to April 1988 - Johanna Bergerman

Nutrition services for Saskatoon and Rosetown are now being provided from the shared nutrition position headquartered in Saskatoon. This became effective as of October 27, 1987, the date that coincided with my transfer from the Yorkton Health Region. Initial orientation to these two health regions was done in November and December. Community assessment information was compiled for the purpose of initiating program planning. Review of available nutrition materials and resources was also done in order to establish requirements for this reorganized position.

Nutritional support of the mother and child is the primary focus of nutrition services. A special emphasis is placed on the importance of optimal intakes during pregnancy, lactation and reproductive recovery. Promoting support of unrestrictive breastfeeding and appropriate introduction of solids is the focus of nutrition inservice to other health professionals. An information package on breastfeeding was developed over the past year and has been distributed through the public health nurse. Contact with the Maternal and Child Health Interagency group here in Saskatoon has been established. This contact will be helpful in promoting this package to the hospitals.

The family with young children is the primary target group for nutrition services such as screening, nutritional assessment and counselling. Consultation is provided to public health nurses as well as other health professionals on individual cases.

The importance of good nutrition is the prevention of disease is the focus of the Healthy Weights for Canadians promotion that was begun this

March. The Canadian Dietetic Association launched this promotion campaign through its annual Nutrition Month promotion. The campaign is aimed at 20 to 50 year old adults. It is intended to modify Canadian's attitudes and behavior to weight; namely, that women tend to be too thin and want to be thinner, and men tend to carry abdominal weight which they tend to ignore - both conditions which carry physical risks to good health. We are presently waiting for the federal government's release of the information compiled on Healthy Weights for Canadians, along with further strategies to promote across Canada.

Nutrition education workshops for teachers teaching grades kindergarten to six are now being actively promoted. These workshops are based on materials designed and provided by the Dairy Foundation. An overview of these workshops was presented to the dental educators for these and surrounding health regions in February.

To increase awareness of these two programs, Healthy Weights and Nutrition Education Workshops for Teachers, I have designed two information brochures. These brochures are being distributed in a variety of ways - to schools, libraries, hospitals, T.O.P.S. clubs and through the dental health educators a they visit individual classrooms.

Nutrition columns continue to be written and distributed to the local newspapers. Health topics continue to be taped for the local radio station in Rosetown.

I would like to take this opportunity to thank the staff in both health regions fo the kindness shown to be as I worked to become familiar with this new position. I am looking forward with pleasure to the coming year and anticipate a productive 1988.

NUTRITION STATISTICS
(March 1987 to April 1988)

	Saskatoon		Rosetown	
		Attendance		Attendance
Group Meetings:				
Prenatal classes	1	11		
School students	10	628		
Public health staff	5	37	4	45
Health professionals	4	28	5	19
Community layleaders	2	26	1	10
Parents	4	53		
Consumers	5	75	1	16
Seniors	3	96		
Preschoolers				
TOTALS:	34	994	14	180

COMBINED TOTALS: 48 sessions - 1124 attendance

Consultative Services:	Saskatoon	Rosetown
Group:		
Health region staff/ health professionals	117	60
Public	55	22
Education personnel	194	67
Community agencies and associations	34	43
Other	1	25
Individuals: Counselled	28	13
TOTALS:	429	230
COMBINED TOTALS:	659	

REPORT OF SPEECH/LANGUAGE PATHOLOGISTS

Karen Slegel

Colleen Kells

1987/88 was a year of varied activities for the Speech/Language Pathologists of the Saskatoon Rural Health Region.

Miss Slegel continued to conduct clinics in the Lanigan district office and the Humboldt office of the Melfort-Tisdale Health Region. Miss Kells conducted clinics in the Davidson and Watrous district offices and both SLP's saw clients in the Saskatoon office. The majority of our caseload continues to be preschool children who are delayed in learning speech and language skills. Some adults also receive services.

A program specifically designed for adults was the Intensive Stuttering Clinic conducted in February at the Echo Valley Centre. This is the second year that the clinic has been offered and Miss Slegel served this year as the senior clinician. While the program requires considerable preparation and intensive commitment of time for both the clinicians and clients, the results achieved can be remarkable. This is especially true for clients who have experienced many years of frustration due to severe stuttering and now find that they can learn to control their speech and achieve fluency. The clinic is an immersion type of course where clients receive therapy during the day and are to apply the skills taught at all times, in and out of the classroom.

Many of the clients on our caseloads experience difficulties in communication skills in conjunction with other difficulties. We frequently consult with Public Health Nurses, Early Childhood Psychologists, Nutritionists, teachers, Early Childhood Intervention Program (ECIP) home visitors, and other Speech/Language Pathologists to plan and conduct programs suited to the child's particular needs.

To facilitate work with various agencies, Karen Slegel serves as our representative on the Saskatoon Regional Early Childhood Co-ordinating Committee (RECCC). RECCC includes representatives of city and rural health departments, Education, Social Services and Mental Health Services. Meetings are held once every four to six weeks when members address various issues concerning preschool services. Since June, Miss Slegel has served as Chair of this committee. Of particular concern to the committee this year was a study commissioned to look at SLP services to preschool children in the City of Saskatoon. Miss Slegel met with Dr. Hosking to provide information for the study and provided feedback from the committee about the report submitted.

We continue to provide information to interested parties regarding normal communication skills and disorders of communication. During the past year, we have met with new staff from our region and other regions and with students interested in the field of speech language pathology. Presentations have also been made with other staff members to groups concerning preschool language development and the communication disorders of the elderly.

Keeping current with advances in our field is always a concern. We appreciate having opportunities to meet with our collegues from other regions and being visited by our branch's Director of Speech Language Pathology. We were able to attend workshops organized by the Saskatchewan Association of Speech Language Pathologists and Audiologists and Miss Kells attended the Annual Conference of the Canadian Association of Speech Language Pathologists and Audiologists in May, 1987, in Halifax. Miss Kells continues to serve as National Councillor for Saskatchewan in the Canadian Association.

Reductions in staff due to vacancies and early retirements have affected the SLP program in Saskatoon Rural Health Region. From May to mid-January Miss Kells served as Officer-in-Charge for the region which severely limited the amount of time available to continue SLP duties. While Miss Slegel accepted more children onto her caseload to attempt to meet the demands for service, waiting lists in our region were longer than usual.

Long-term SLP vacancies in the North Battleford and Rosetown regions lead to long waiting lists for services in those regions. Saskatoon Rural agreed to provide some help and so Miss Kells visited these regions on a very limited basis prior to and following her officer-in-charge duties.

SPEECH/LANGUAGE PATHOLOGY STATISTICS

	1986-87	1987-88
Referrals (by source)		
PHN referral from 3 year screen	55	45
All other PHN referrals	57	29
Early Childhood Psychologist	2	3
Physician	18	13
Sask. Hearing Aid Plan	0	1
Parents	6	14
Other	24	17
TOTAL	162	122
Diagnoses (by primary presenting handicap)		
Articulation	63	48
Language	32	36
Voice	2	2
Fluency	2	7
Associated Conditions	6	3
Normal	6	12
TOTAL	111	108
Discharges (by reason)		
Initial assessment normal	12	14
Treatment goals reached	34	36
Transferred	37	31
Moved	11	10
Service refused	11	17
Other	4	16
TOTAL	109	124
Average Monthly Caseload		
Waiting for assessment: TOTAL	28.7	31.4
Waiting for therapy: TOTAL	.4	2.5
In Therapy	88.5	80.3
By Schedule:		
Less than weekly	0	
Weekly	27.5	14.3
2 times per month	4.9	5.6
1 times per month	10.0	10.2
Once every 1-3 months	29.0	29.9
Once every 3 months or less	17.0	20.3
By Type:		
Individual therapy	33.7	20.8
Group therapy	0	.3
Third party programming	6.9	9.4
Under review	44.4	49.8
Review		
Number reviewed	n/a	6.8
Overdue for review	n/a	21.3
TOTAL CASELOAD	117.6	114.3

DENTAL HEALTH EDUCATORS' REPORT

Margot Wallace

Charlotte Salte

Claudette Schulte

The Dental Health Education Program commenced August 1, 1987. There are three dental health educators (DHE's) providing services to the City of Saskatoon and the surrounding rural area. This rural area consists of the following school divisions:

a) Saskatoon West #42
b) Saskatoon East #41
c) Long lake #30 (only Imperial, Young, Simpson, and Watrous)
d) Outlook #32 (only Strongfield, Elbow, and Loreburn)
e) Davidson #31 (excluding Eyebrow)
f) Sask. Valley #49 (excluding Duck Lake)
g) Others: Swanson Christian School
Rosthern Adventist Academy
Rheinland Mennonite
Osler

Role of the Dental Health Educator

To promote dental health in the community, and to act a consultants to individuals or groups who request dental health information, e.g. teachers, children, parents, seniors, health professionals, minor sports organizations.

Method of Program Delivery Includes

- presentations to school children.
- presentations to seniors groups.
- presentations to day cares and preschools.
- television and radio interviews and other public media.

For the 1987-88 year, the emphasis of the program was on school children.

- Provided each child with a handout, "Message from the Dental Health Educator".

Grade 2

Not initially targetted, however, due to great interest expressed by teachers, they were included halfway through the year. Their presentation was the same as for the Kindergarten and Grade One. Depending on what time of year the school was visited, they either received the first or second presentation.

Hutterite Colonies and Other Boards

Since the population in many of these schools is very small, the dental health presentations were often made to all grades.

Fluoride Mouthrinse Programs

- Available to all schools where the level of fluoride in the water is below one part fluoride per million parts of water.
- The objective of the program is to reduce dental caries by weekly swishing of a fluoride solution.
- DHE's provide the schools with all the necessary supplies to operate a fluoride mouthrinse program themselves.
- DHE's provide advice, consultations and workshops for volunteers who distribute and run the fluoride mouthrinse program.
- Communities participating in the fluoride mouthrinse program are: Hanley Composite, 109 students, K-6; Hillcrest Hutterite, 21 students, K-8; Aberdeen Composite, 370 students, K-12; Dundurn Elementary, 114 students, K-8; Waldheim School, 120 students, K-12; Hague School, 350 students, K-12.

Preschools and Day Care Centers

A kit of dental health materials is available for use by workers at day cares and preschools, upon request. A letter was sent to all centers offering this service. In some cases, when time permitted, the DHE personally delivered the kit and gave the lesson. The kit provides instructional materials, e.g. storybooks, mouth models and a large toothbrush for demonstrating toothbrushing, a poster, as well as toothbrushes and coloring sheets for each child.

Senior Citizens Groups

One presentation was given at the Saskatoon Public Library. The topics discussed were plaque, proper oral hygiene (brushing and flossing techniques), denture care, periodontal disease, and the idea that it is never too late to good oral hygiene. Flip charts, tooth models, various dental, oral and denture care products were assembled and displayed. A

Kindergarten and Grade 1

Objective: First presentation:
- To develop an understanding of the role of plaque.
- To develop personal responsibility for daily plaque removal.

Method: Presentations were given to each classroom and were approximately 30-40 minutes. They included:

- A short video, e.g. Toothbrushing/Flossing with Charlie Brown.
- Hands on toothbrushing where each child is given a toothbrush. (We use a large toothbrush and mouth model for demonstration).
- Lecture on plaque (what, how and why of plaque removal).
- Promote the use of fluoridated toothpaste.
- Mention and describe the use of floss.
- Importance of regular dental checkups.
- A 5-day teacher follow-up is given to the teacher to help reinforce our message after we are gone. (It includes further dental information, suggested class activities, and student worksheets).
- Each child is given a handout to take home (Handy Tips for Dental Health).

Objective: Second presentation:
- To develop an awareness of foods that are dentally healthy and to teach children how to make the proper choices.

Method:
- Describe the relationship between plaque, bactria and sugar, and how it affects the teeth. We use a variety of visual aids.
- We use video tapes, flannel boards, food models, sugar bags, etc., to demonstrate the differences in sugar content of various foods.

Grades 3 and 4

Objective: In about 30-40 minutes, we describe the role of plaque, and the how, what, and why of plaque removal.

Method:
- Review correct method of brushing.
- Placed an emphasis on the importance of flossing (showed a video on flossing techniques).
- Provided hands-on dental flossing where each child is given a floss sample. (Toothbrush and toothpaste kits were given out while supplies lasted).
- Short lecture on the effects of "plaque on the teeth and gums" with emphasis on peridontal disease (how it starts and how it can be prevented).
- Stressed importance of regular dental checkups.
- Stressed importance of mouth protection at home, school, and during sports activities.

"Question Period" followed. The 20 to 25 people in attendance, were interested and enthused about the presentations.

Special Contacts

Dental health educators made presentations to all school superintendents and/or Directors of Education, to introduce them to the DHE Program. Those presentations were made prior to any contact by DHEs with school principals.

A presentation to encourage registration in the "Children's Dental Program" was made at a west side public school (at their request). The educator was in attendance at the school for 1½ days while the school staff were conducting parent-teacher interviews.

The DHE's participated along with other personnel from CHSB in promoting the "Department" at a conference on Alcohol and Drug Abuse. This was organized by SADAC.

Media Contacts

The DHE's were interviewed by a local talk show host, on STV's "Good Company". The topic for the first interview, was "Childrens Oral Health". The second interview topic was "Oral Health for Seniors". These were conducted in January of 1988.

Dental Health Month Activities

April was Dental Health Month. Special activities planned for this month included:

1. Dental Health Promotional Display: This consisted of a 4'x3' table top display, depicting DHE's in action; TV and VCR running dental health videos continuously, a selection of informational pamphlets on dental health, coloring books, toothbrushes. Various tooth and mouth models were on display also. Children received a "Happy Tooth Stamp" on the hand.

   Displays were set up in the following areas:

   a) Three in Saskatoon City malls - these were cancelled after the Saskatoon Eastview By-Election was announced.

   b) Davidson - 5th Agriculture Appreciation and Trade Fair. It was held April 11 and 12, 1988. Approximately 400 toothbrushes and 200 coloring books were distributed.

   c) Lanigan Trade Fair - April 15 and 16, 1988. Two thousand people expected. Gave approximately 400 adult brushes, 200 children's brushes and 217 coloring books.

2. Bulletin Board Displays were set up in four areas.

3. Letters and packets of dental health materials were sent to 79 schools. The package of materials included a short article on dental health for publishing in the school newsletter.

4. An article was sent to five towns for publication in those Town's Newsletters.

1987-88 DENTAL HEALTH PROGRAM STATISTICS

1st Visit to Schools

Number of Schools Visited:	118
Number of Classes Visited:	709
Number of Students Seen:	16,147

2nd Visit to Schools:

Number of Schools Visited:	122
Number of Classes Visited:	508
Number of Students Seen:	11,894

Preschools and Day Cares:

Number of Preschools Contacted:	41
Number of Preschools Responding To Date:	20
Number of Children Covered:	561

As not all second presentations have been completed, the numbers listed are projected for the remainder of the year.

A large part of this year's activities revolved around research and compiling materials for use in the classrooms. It has been a great learning experience for us all.

COMMUNITY THERAPY REPORT

Dana Best

James Gattinger

Helene Schaan

Report by Dana Best, Lanigan Office

I provide community therapy service to the following communities working 1½ to 2 days a week:

Lanigan Hospital and Outpatient Clinic:	2½ to 3½ days/month
Lanigan Lodge and Home Visits:	4 - ¼ days/month
Leroy Lodge and Home Visits:	1 - ½ day/month
Nokomis Hospital and Home Visits:	2 - ½ days/month
Strasbourg Lodge:	1 day/month

Physical therapy service was offered to the Strasbourg Lodge on a regular basis commencing October 1987.

From April 1, 1987 to March 31, 1988 I worked 87 days with approximately 5.53 patient attendences on patient treatment days. Patient care weighted units - 11445. See statistics summary sheet.

Workshops presented during the year were:

1. April 15, 1987 in Watrous to 55 care givers "Body Mechanics, Lifts and Transfers, Gait Assistance, Positioning," presented with Helene Schaan.

2. June 24, 1987 in Craik to 11 hospital care givers "Body Mechanics, Lifts and Transfers, Gait Assistance, Positioning," presented with Helene Schaan.

3. November 19, 1987 in Lanigan to 54 care givers "Speech and Occupational Therapies Workshop," organized the workshop and assisted the Occupational Therapist in her presentation.

4. March 7, 1988 in Humboldt to 13 students in the Special Care Aid Course "Body Mechanics, Lifts and Transfers, Gait Assistance, Positioning."

5. March 24, 1988 in Yorkton to 103 care givers "Transfering, Lifting and Caring" our STELLA workshop. Worked with F. Keil of Esterhazy, S. Grywachaski and O. Bymak of Yorkton.

In-services and community lectures varying from one half to two hours presented during the year were:

1. April 2, 1987 at the Leroy Lodge to 10 care givers - "Feeding Aids."

2. April 29, 1987 at the Nokomis Health Centre - "Body Mechanics, Lifts and Transfers."

3. May 12, 1987 at the Nokomis Health Centre to 10 care givers - "Activities of Daily Living Aids."

4. July 9, 1987 at Lanigan to a Dr. extern - "What is Community Therapy."

5. October 6, 1987 at the Lanigan Lodge to five care givers - "Breathing and Breathing Exercises."

6. October 13, 1987 at the Strasbourg Home to three senior staff - "Introduction to Community Therapy."

7. October 27, 1987 at the Lanigan Lodge to care givers - "Range of Motion Passive Movement."

8. October 29, 1987 at the Strasbourg Home to 15 care givers - "Gait Assistance and Range of Motion Passive Movement."

9. November 24, 1987 at the Lanigan Weight Club to five members - "Fitness and Exercises to Avoid."

10. November 26, 1987 at the Strasbourg Home to nine care givers - "Types of Exercise and Assistance."

11. December 10, 1987 at the Govan Patients' Home to three home care nurses - "Posture Drainage and Percussion, Exercise."

12. March 15, 1988 at the Lanigan Lodge to seven care givers - "Problem Solving Lifting Techniques."

13. March 16, 1988 at the Strasbourg Home to seven care givers - "Feeding and Activities of Daily Living Aids."

Special events during the year:

In March 1988 I spent four days in the rehearsing and filming of the STELLA "Transferring, Lifting and Caring" video.

In July 1987 at the request of St. Elizabeth's Hospital (with days paid by them) I conducted a two-day orientation program for their foreign trained physiotherapist.

I attended three two-day long Provincial Community Therapy meetings (June, October, January) with benefit education.

Professional Meetings I attended were:

Saskatchewan College of Physical Theapists - AGM, May 2, 1987.

In-service planning day with Helene Schaan, July 14, 1987.

Evaluation day with Donna Bjore, Director of Community Therapy, September 17, 1987.

Day of orientation to Saskatoon Rural Health Region, September 30, 1987.

Canadian Physiotherapy Association Meeting, Regina, October 20, 1987.

Continuing Education courses taken:

Spinal Cord Injury, October 21, 1987.

"Integrated Approach to Rood's Techniques" Neurological, November 14, 15, 1987.

Needs Assessments were completed for all four of my communities.

I have a real concern about the non-utilization of our-patient therapy services. Prior to being "taken into" Community Health Services in October 1986 I saw out-patients in Nokomis as well as Lanigan. After that time, we were expected to treat out-patients only in the designated out-patient clinic centres - mine is Lanigan. There has been a drastic drop in out-patient attendances:

	Nokomis New Referrals	Nokomis Out-Patient Attendances	All Communities Out-Patient Attendances
April 1985 to March 1986	24	60	134
April 1987 to March 1988	13	25	101

I am not getting the number of out-patient referrals from the Nokomis area and I am getting no referrals from the out-reach areas that Nokomis services, i.e. Govan, Semans, Duval and Raymore - area to which I used to supply service.

I would like to set up an out-patient clinic centre in Nokomis again. The facility is there, and I have time when I am in Nokomis to offer the service.

Disregarding the out-patient situation, I feel that in the whole my communities are using the Community Therapy services well.

PATIENT CARE

	In Patients	Out Patients	Other	Total
Attendance	76	118	165	356
New Referrals	41	49	75	165
Active Carryovers	28	63	115	206
TOTAL Caseload				371

NON-PATIENT CARE ACTIVITIES (HOURS)

Education:	
Staff Development	29.5
Public Education/Prevention	93.5
Consultation:	
Expert/Technical Advice	9.75
Support:	
Program Planning	16.25
Employee Meetings	39
Statistics	48.75
Preparation/Clean Up	41
Other	5.25
Travel:	71

Report by James Gattinger, Saskatoon office

The community therapy program has been in existence for approximately 1 years. The program was set up to provide physical and/or occupational therapy to each region in Saskatchewan. The service is available to all residents of Saskatchewan and as a result people of all ages are seen regularly by the community therapist. The program focuses on three main settings: rural hospitals (greater than 50 beds), special care homes (greater than 100 beds) and the community (schools, special interest groups, industry, etc.). The role and function of the therapist is three-fold in nature: treatment (musculo-skeletal), consultation, education.

The therapist works in close unison with various professionals including physicians, public health nurses, and child psychologists and speech/language pathologists to provide a complete rehabilitation and treatment program. Professional conduct is also carried out with urban programs (i.e. Children's Rehab Centre) for those patients who are being transferred to the rural settings or are continued to be seen by urban settings.

Referrals were largely made through the local rural physician, however many referrals were received from other rural health professionals.

Service largely involved client rehabilitation, but also incorporated providing and ordering of environmental and ambulatory aids to further assist the client and his family.

Most therapists work on a sole charge basis which can be frustrating at times, however the program has provided numerous opportunities for all therapists to meet, and for advanced education and sharing of information. I hope this will continue in the future as I feel it only enhances the program.

Hi-lites of the 1987-88 year included:

- STELLA back care/lifting workshop.
- purchase of a sono-clynator unit by the Rosthern Hospital Ladies Auxilliary Unit.
- numerous educational inservices (approximately 12).
- numerous requests for workshops and seminars by community organizations and schools.

PATIENT CARE

	Referral	Attend
Hospital In Patients	69	173
Hospital Out Patients	150	741
Nursing Home/Home	66	171
TOTAL	285	1187

NON-PATIENT CARE (HOURS)

Education - staff development	29.0
- public education	29.0
Consultation	9.5
Support - program planning	132.0
- meetings	57.75
- statistics	76.50
- preparation	18.25
- other	71.50
TOTAL	423.50

Report by Helene Schaan, Watrous Office

Number of Paid Hours: 922 hours - 115 days
Average Number of Patient Visits per Treatment Day - 8.8 patients/day
- 33 minutes/patient

Workshops presented during the year were:

1. April 15, 1987 - Day long workshop on "Posture, Body Mechanics, Lifting and Transferring" - 60 patricipants - presented in Watrous.

2. May 13, 1987 - Day long workshop on "Posture, Body Mechanics, Lifting and Transferring" - presented in Davidson.

3. June 24, 1987 - Day long workshop on "Posture, Body Mechanics, Lifting and Transferring" - co-presented with Dana Best at Craik Community Hospital.

4. July 4, 1987 - Day long workshop on Posture, Body Mechanics, Lifting and transferring" - co-presented with Elaine Wirtz, Physical Therapist, at Camp Easter Seal - 60 participants.

5. November 19, 1987 - Assisted at a workshop "Speech and Occupational Therapy" held in Lanigan.

6. February 23, 1988 - Day long workshop on "Posture, Body Mechanics, Lifting and Transferring" - presented to HC/SCA students, 10 participants.

7. March 24, 1988 - 1988 STELLA Workshop at the Regina receiving station - 30 participants.

Inservices presented during the year were:

1. April 28, 1987 - "Hemiplegia" presented to Watrous-Davidson Home Care.

2. May 27, 1987 - "Management of Hips" presented to Manitou Lodge staff.

3. June 10, 1987 - "Back Care" presented to Prairie View Lodge staff.

4. June 10, 1987 - "Feeding Aids - Dressing Aids" presented to Prairie View Lodge staff.

5. August 12, 1987 - "Problem Solving for Feeding and Dressing" presented to Prairie View Lodge staff.

6. August 12, 1987 - "Ex. programming, R.O. Communication problems" presented to Activity Directors at Prairie view Lodge.

7. September 9, 1987 - "Management of Hips" presented to Craik Community Hospital staff.

8. October 28, 1987 - "Respiratory Physiotherapy" presented to Imperial Union Hospital staff.

9. December 9, 1987 - "Respiratory Care" presented to Craik Community Hospital staff.

10. December 9, 1987 - "ADL, Ambulation" presented to Craik Community Hospital staff.

11. February 15, 1987 - "Care of the Back" presented to SRNA, Watrous Chapter.

12. February 23, 1988 - "Feeding, Dressing Aids and Adaptations" presented to resident of Prairie View Lodge.

Needs Assessments: Watrous - done on August 5, 1987.

Students:

April 28, 1987 - student from Home Care.

December 22, 23, 1987 - student from U. of S. pre-physio.

March 30, 1988 - student from Home Care.

Professional Meetings attended were:

1. Discharge Planning Meeting at Watrous Union Hospital - 11 meetings attended.

2. CPA meeting held in Regina, October 20, 1987.

3. SCPT-AGM, May 2, 1987.

4. Inservice Planning with Dana Best, July 14, 1987.

Community Therapy Meetings and Education (benefit) Workshops attended were:

1. June 18, 19, 1987 - Community Therapy update, Saskatoon.

2. September 28, 1987 - Business meeting in Saskatoon with other Physiotherapists in our regions - also had orientation meeting with the officer in charge. Meeting with Paul Charlebois re SAIL Program changes.

3. October 19, 20, 21, 1987 - Community Therapy update, Regina.

4. January 28, 29, 1988 - Community Therapy update, Saskatoon.

Continuing Education courses taken:

1. September 2, 1987 - "COPD", Dr. Dosman presenting. My own time and expense.

2. October 21, 1987 - "Spinal Cord Injury '87", Regina.

3. November 14, 15, 1987 - "Integrated Approach to PT of Neurological Dysfunctions: Application of the Rood Approach", Regina.

4. November 2 to November 30, 1987 - "Introduction to Computer Software", total of 24 hours class time. My own time and expenses.

5. January 20, 25, 27, 1988 - MS-DOS", total of 9 hours of class time. My own time and expenses.

6. March 9 to March 30, 1988 - "Lotus 1-2-3", total of 24 hours class time. My own time and expenses.

7. October/November, 1987 - "Word Processing", total of 24 hours of class time. My own time and expenses.

Service Provided during the year:

Watrous: 1 day/week - outpatient clinic.
3 days/month - outpatient overflow
- inpatient/Lodge/HC/Administration/Inservice preparation and delivery, etc.

Davidson, Craik and Imperial: quarterly visits, mainly for education and home visits, SCH visits.

Areas of Concern were:

Since Imperial Union Hospital now has only quarterly visits I have noticed a dramatic decrease in OP referrals from the area that Imperial covers (Simpson, Imperial, Stalwart, Holdfast, Penzance, Liberty). Also, the IP referral level has also decreased, mostly because I'm not there when they need me. (The new policy of being on call for IP services should address this problem).

Since my OP referrals are so high, Home Care patients and Manitou Lodge visits have received little of my time. Work in this area has been, of necessity, very spotty and non-consistent. Consequently, personnel in these areas are not satisfied with the level of service I have been able to provide. NOT ENOUGH TIME TO DO IT ALL!!!!

PATIENT CARE

	In Patients	Out Patients	Other	Total
Attendance	160	413	-	573
New Referrals	59	127	-	186
Active Carryovers	38	159	-	187
TOTAL Caseload				373

NON-PATIENT CARE ACTIVITIES (HOURS)

Education:	
Staff development	116.25
Public Education/Prevention	-
Consultation:	
Board/Committee	11.00
Expert/Technical Advice	18.00
Other:	
Clinical Teaching	1.50
Support:	
Program Planning	37.00
Employee Meetings	47.00
Statistics	37.50
Administration	29.00
Preparation/Clean Up	6.50
Other	17.00
Travel:	48.50